DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/27/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G279	(X2) MULTII A. BUILDIN		NSTRUCTION 00	(X3) DATE (COMPL 08/30/	ETED
		15G279	B. WING			06/30/	2013
NAME OF PROVIDER OR SUPPLIER					DDRESS, CITY, STATE, ZIP CODE		
LAVE DANIDOL DI LIDEVEL ODMENITAL CEDVICEO					IGH ST		
JAY-RANDOLPH DEVELOPMENTAL SERVICES				UKILA	AND, IN 47371		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX			PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION
TAG W000000	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	1A	NG.	DEFICIENCY)		DATE
VV000000							
	This visit was fo	or a post certification	W0000	000			
		the annual fundamental	1,0000				
	` ′	nd state licensure survey					
	completed on 5/						
	completed on 3/	17/13.					
	Dates of Survey: August 27, 28 and 30,						
	2013.						
	Facility Number	r: 000799					
	Provider Number	er: 15G279					
	AIMS Number:	100249030					
	Surveyor: Vicki	e Kolb, RN					
	This federal defi	iciency also reflects state					
	findings in accor	rdance with 460 IAC 9.					
	Quality Review	completed 9/11/13 by					
	Ruth Shackelfor	•					
		, •					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

7S3J12

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G279		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING D. WING			(X3) DATE SURVEY COMPLETED 08/30/2013	
		130219	B. WIN	_		00/30/	2013
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP CODE		
JAY-RANDOLPH DEVELOPMENTAL SERVICES			227 E HIGH ST PORTLAND, IN 47371				
(X4) ID		TATEMENT OF DEFICIENCIES	ID PREFIX		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	_	TAG	DEFICIENCY)		DATE
W000312	behavior must be part of the client's that is directed spreduction of and elemands behaviors for white Based on record 3 of 4 sampled comedications to comedicate plan of reventually eliminary which each psychotomic to target. Findings include Client #1's record 8/28/13 at 1:30 Feather physician's order client #1 took Comilligrams) bid involuntary moved (every day) for Bi-polar disorder aggression. Client Support Plan) of #1 had targeted to aggression, wand hallucination #1's BSP indicated incidents of verb	ity failed to ensure a reduction to reduce and reduction to reduce and reduction was reviewed on PM. Client #1's res of 8/19/13 indicated regentin 0.5 mg (twice a day) for rements, Lithium 900 mg or Schizoid-Affective rand Zyprexa 10 qd for at #1's BSP (Behavior 16/11/13 indicated client rehaviors of verbal dering off from the task at ons and delusions. Client red "If there were 10	W0	00312	Now, and in the future, all residents' behavior plans will include reductions of targeted inappropriate behaviors in correlation to the planned reduction of the behaviorally-specific, prescribed psychoac medication as directed by the and the prescribing mental he provider. A specific plan of reduction will be included to reduce and eventually elimina the behaviors for which each psychoactive medication is targeting. Behavioral tracking be documented by direct care staff, the Home Manager, and Day Programs; and tracking we monitored monthly by the QIDP and shared with the Behavior Specialist and prescribing physician.	IDT alth te will	09/18/2013

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Event ID: 7S3J12

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G279		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 08/30/2013			
NAME OF PROVIDER OR SUPPLIER JAY-RANDOLPH DEVELOPMENTAL SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 227 E HIGH ST PORTLAND, IN 47371					
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL)	O BE	(X5) COMPLETION DATE		
period, the physiconsulted about decrease is recorn BSP did not indireduction for the Zyprexa. Client #3's recorn 8/28/13 at 2:30 Has physician's order client #3 took Do Zyprexa 20 mg at psychotic disord obsessive comput Cogentin 0.5 mg movements. Client #3 goes 3 month physical aggression. The #3] goes 3 month physical aggression behavior (Interdisciplinary)	cian involved will be whether a medication mended." Client #1's cate a specific plan of Cogentin, Lithium and d was reviewed on PM. Client #3's rs of 8/19/13 indicated epakote 1500 mg, and Abilify 10 mg qd for ers, Luvox 250 mg qd for alsive tendencies and g bid for involuntary ent #3's BSP of 5/2013 #3 had targeted behaviors behaviors and physical BSP indicated "If [client his without displaying any ion or any significant self or, the IDT y Team) will meet to				PRIATE			
#3's BSP did not of reduction for Abilify, Luvox a Client #4's recor 8/28/13 at 3 PM orders of 8/19/13 Luvox 100 mg b	indicate a specific plan the Depakote, Zyprexa, nd Cogentin. d was reviewed on Client #4's physician's indicated client #4 took id for depression and							
	PROVIDER OR SUPPLIER NDOLPH DEVELOP SUMMARY S' (EACH DEFICIEN REGULATORY OR period, the physiconsulted about decrease is record BSP did not indireduction for the Zyprexa. Client #3's record 8/28/13 at 2:30 February physician's order client #3 took Down Zyprexa 20 mg at psychotic disord obsessive computed Cogentin 0.5 mg movements. Client indicated client #3 goes 3 month physical aggression. The #3] goes 3 month physical aggression injurious behavior (Interdisciplinary recommend a material prescribing phys #3's BSP did not of reduction for a Abilify, Luvox a Client #4's record 8/28/13 at 3 PM orders of 8/19/13 Luvox 100 mg b	PROVIDER OR SUPPLIER NDOLPH DEVELOPMENTAL SERVICES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) period, the physician involved will be consulted about whether a medication decrease is recommended." Client #1's BSP did not indicate a specific plan of reduction for the Cogentin, Lithium and	PROVIDER OR SUPPLIER NDOLPH DEVELOPMENTAL SERVICES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) period, the physician involved will be consulted about whether a medication decrease is recommended." Client #1's BSP did not indicate a specific plan of reduction for the Cogentin, Lithium and Zyprexa. Client #3's record was reviewed on 8/28/13 at 2:30 PM. Client #3's physician's orders of 8/19/13 indicated client #3 took Depakote 1500 mg, Zyprexa 20 mg and Abilify 10 mg qd for psychotic disorders, Luvox 250 mg qd for obsessive compulsive tendencies and Cogentin 0.5 mg bid for involuntary movements. Client #3's BSP of 5/2013 indicated client #3 had targeted behaviors of self injurious behaviors and physical aggression. The BSP indicated "If [client #3] goes 3 months without displaying any physical aggression or any significant self injurious behavior, the IDT (Interdisciplinary Team) will meet to recommend a medication decrease to the prescribing physician/practitioner." Client #3's BSP did not indicate a specific plan of reduction for the Depakote, Zyprexa, Abilify, Luvox and Cogentin. Client #4's record was reviewed on 8/28/13 at 3 PM. Client #4's physician's orders of 8/19/13 indicated client #4 took Luvox 100 mg bid for depression and	PROVIDER OR SUPPLIER NDOLPH DEVELOPMENTAL SERVICES SUMMARY STATEMENT OF DEFICIENCIES (BEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) period, the physician involved will be consulted about whether a medication decrease is recommended." Client #1's BSP did not indicate a specific plan of reduction for the Cogentin, Lithium and Zyprexa. Client #3's record was reviewed on 8/28/13 at 2:30 PM, Client #3's physician's orders of 8/19/13 indicated client #3 took Depakote 1500 mg, Zyprexa 20 mg and Abilify 10 mg qd for psychotic disorders, Luvox 250 mg qd for obsessive compulsive tendencies and Cogentin 0.5 mg bid for involuntary movements. Client #3's BSP of 5/2013 indicated client #3 had targeted behaviors of self injurious behaviors and physical aggression. The BSP indicated "If [client #3] goes 3 months without displaying any physical aggression or any significant self injurious behavior, the IDT (Interdisciplinary Team) will meet to recommend a medication decrease to the prescribing physician/practitioner." Client #3's BSP did not indicate a specific plan of reduction for the Depakote, Zyprexa, Abilify, Luvox and Cogentin. Client #4's record was reviewed on 8/28/13 at 3 PM. Client #4's physician's orders of 8/19/13 indicated client #4 took Luvox 100 mg bid for depression and	PROVIDER OR SUPPLIER NDOLPH DEVELOPMENTAL SERVICES SUMMARY STATEMENT OF DEPICIENCIES (BACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DEDITIFYING INFORMATION) Period, the physician involved will be consulted about whether a medication decrease is recommended." Client #1's BSP did not indicate a specific plan of reduction for the Cogentin, Lithium and Zyprexa. Client #3's record was reviewed on 8/28/13 at 2:30 PM. Client #3's physician's orders of 8/19/13 indicated client #3 took Depakote 1500 mg, Zyprexa 20 mg and Abilify 10 mg qd for psychotic disorders, Luvox 250 mg qd for obsessive compulsive tendencies and Cogentin 0.5 mg bid for involuntary movements. Client #3's BSP of 5/2013 indicated client #3 had targeted behaviors of self injurious behaviors and physical aggression. The BSP indicated "If [client #3] goes 3 months without displaying any physical aggression or any significant self injurious behavior, the IDT (Interdisciplinary Team) will meet to recommend a medication decrease to the prescribing physician/practitioner." Client #3's BSP did not indicate a specific plan of reduction for the Depakote, Zyprexa, Abilify, Luvox and Cogentin. Client #4's record was reviewed on 8/28/13 at 3 PM. Client #4's physician's orders of 8/19/13 indicated client #4 took Luvox 100 mg bid for depression and	OF CORRECTION IDENTIFICATION NUMBER: 15G279 ROUDER OR SUPPLIER NOOLPH DEVELOPMENTAL SERVICES SUMMARY STATEMENT OF DEFICIENCIES (ACAID DEFICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) period, the physician involved will be consulted about whether a medication decrease is recommended." Client #1's BSP did not indicate a specific plan of reduction for the Cogentin, Lithium and Zyprexa. Client #3's record was reviewed on 8/28/13 at 2:30 PM. Client #3's physician's orders of 8/19/13 indicated client #3 took Depakote 1500 mg, Zyprexa 20 mg and Abilify 10 mg qd for psychotic disorders, Luvox 250 mg qd for obsessive compulsive tendencies and Cogentin 0.5 mg bid for involuntary movements. Client #3's BSP of 5/2013 indicated client #3 had targeted behaviors of self injurious behaviors and physical aggression. The BSP indicated "If [client #3] goes 3 months without displaying any physical aggression or any significant self injurious behavior, the IDT (Interdisciplinary Team) will meet to recommend a medication decrease to the prescribing physician/practitioner." Client #3's BSP did not indicate a specific plan of reduction for the Depakote, Zyprexa, Abilify, Luvox and Cogentin. Client #4's record was reviewed on 8/28/13 at 3 PM. Client #4's physician's orders of 8/19/13 indicated client #4 took Luvox 100 mg bid for depression and		

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	OF CORRECTION OF CORRECTION 15G279	(X2) MULTIPLE CO A. BUILDING B. WING	NSTRUCTION 00	COM	e survey pleted 50/2013		
NAME OF PROVIDER OR SUPPLIER JAY-RANDOLPH DEVELOPMENTAL SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 227 E HIGH ST PORTLAND, IN 47371					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
	personality disorder. Client #4's BSP of 6/11/13 failed to indicate client #4's targeted behaviors. Client #4's BSP indicated a medication reduction of the Risperdal would be considered after client #4 had gone successfully 3 months with no episodes of physical aggression. Client #4's physician's orders did not indicate client #4 was taking Risperdal. Client #4's BSP did not indicate a plan of reduction for the Luvox and/or the Abilify. Telephone interview with the QIDP (Qualified Intellectual Disabilities Professional) on 8/30/13 at 3 PM indicated client #1's, #3's and #4's BSPs did not include specific plans of reduction for client #1's, #3's and #4's behavior modification medications which the clients were prescribed to take. This deficiency was cited on 5/17/13. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-5(a)						

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